Early Childhood Intervention

Analysis of Situations in Europe

Key Aspects and Recommendations

Summary Report

European Agency for Development in Special Needs Education

This report has been prepared by the Agency on the basis of contributions from the nominated National Experts in ECI. Sincere gratitude is expressed to *Stefanija Alisauskiene; Lena Almqvist; Josiane Bechet; Alain Bony; Graça Breia; Lesley Campbell; Isabel Felgueiras; Bergþóra Gisladottir; Liisa Heinämäki; Monica Ingemarsson; Zuzana Kaprova; Maria Karlsson; Jytte Lau; Johanna Lindqvist; Ene Mägi; Theoni Mavrogianni; Ineke Oenema-Mostert; Franz Peterander; Jaime Ponte; Manfred Pretis; Bieuwe Van Der Meulen; Panagiota Vlachou* for their contribution and *Axelle Cheney* for her assistance.

Comprehensive internet based information relating to country situations, as well as the contact details of all experts and the Agency national representatives involved in the project, can also be found on the dedicated Early Childhood Intervention web area at:
http://www.european-agency.org/eci/eci.html

Editor: Victoria Soriano

Cover page picture: *"Palveluiidakko"* - the Services Jungle - by Marjaana Koskivuori. This drawing was created by Marjaana, who was born in 1988 and is a recognised artist in Finland. Due to her cerebral palsy, Marjaana uses an infrared mouse to create graphics on her computer. Marjaana explained the meaning of this drawing as follows: “The red point on the right is me, outside the services jungle”. Marjaana gave this drawing to the Agency as thanks for her participation in the Hearing of Young People with special needs the Agency organised in the European Parliament on 3rd November 2003.

The production of this document has been supported by the DG Education, Training, Culture and Multilingualism of the European Commission:
http://europa.eu.int/comm/dgs/education_culture/index_en.htm

ISBN: 8791500-60-5 (Electronic) 8791500-42-7 (Printed)

2005

European Agency for Development in Special Needs Education

Secretariat:
Teglgaardsparken 102
DK-5500 Middelfart Denmark
Tel: +45 64 41 00 20
Fax: +45 64 41 23 03
adm@european-agency.org

Brussels Office:
3 Avenue Palmerston
B-1000 Brussels Belgium
Tel: +32 2 280 33 59
Fax: +32 2 280 17 88
brussels.office@european-agency.org

www.european-agency.org

CONTENTS

EXECUTIVE SUMMARY

Early Childhood Intervention (ECI) is an important area both at policy and professional levels. It relates to the right of very young children and their families to receive the support they might need. ECI aims to support and empower the child, the family and the services involved. It helps to build an inclusive and cohesive society that is aware of the rights of children and their families.

Relevant documents published in the last 20 to 30 years show the evolution of ideas and theories leading to a new concept of ECI in which health, education and social sciences (particularly psychology) are directly involved. The new ECI concept focuses on child development and the impact of social interaction on human development in general and on the child specifically. This highlights the shift from a type of intervention mainly focused upon the child to a broader approach, involving the child, the family and the environment and corresponds to a wider evolution of ideas in the disability field, namely a move from a 'medical' to a 'social' model.

Different elements relevant to this new concept of ECI were identified during the Agency project analysis. These are described below.

Availability, *proximity*, *affordability and diversity*, appear as common features of European ECI services:
- A variety of available and accessible services and/or provision are provided at the request of the family.
- Such provision and services should be offered as early as possible, be free of charge or at minimal cost to families and be provided whenever and wherever needed, preferably at a local level. Services need to respond to families' needs and provide family-focused intervention.
- The diversity of services in different countries highlights the necessity to establish adequate co-operation and co-ordination of services and resources in order to ensure service quality.
- Health, social and education services should be involved and share responsibility for ECI. This corresponds to the theoretical

background of ECI, based upon different disciplines and social sciences. Health, human and social sciences are inter-related with regard to child development and this should be accounted for. There is no one single model of reference: different theories and models have contributed to the development of a broad approach to ECI focused on the child, the family and the community, shifting from a medical to a social model.

Target groups, teamwork, professionals' training and working tools were the key aspects discussed at the project meetings.

- The impact of changes within society on the ECI target group as well as the increased number of children presenting psychological and socio-emotional problems was of great concern to project experts.
- Different professionals from various disciplines are in charge of supporting young children and their families. Professionals cannot work in a compartmentalised way; they need to work together in an inter-disciplinary team. In order to achieve co-operative teamwork, professionals need to follow some form of common training, in this way adding to the knowledge they have acquired during their initial training. This common training can be delivered through further (specialised) training or as part of in-service training. It ensures that professionals have the necessary knowledge of issues such as child development, working methods, inter-service co-operation, teamwork, case management, development of personal abilities and work with families. Professionals need to know how to involve and work with parents and/or extended families and to respect their needs and priorities, which might differ from the professionals' own views.
- Professionals use different tools in order to ensure a high quality process that does not have gaps, is initiated as soon as the problem is detected and is implemented with the full involvement and participation of families. In cases where intervention is required, an Individual Plan - also called a Family Plan or Individual Family Service Plan depending on the country - is developed resulting from the co-operation between the family and the team. The plan focuses on needs, strengths, priorities, goals and actions to be undertaken and evaluated. The existence of such a document facilitates the transfer of

information and the continuity of necessary support when a child moves from one form of provision to another, or when a family is moving to a different area.

All of these elements provide the basis for the formulation of a number of recommendations aimed at the improvement and consolidation of existing ECI services and provision. These are presented in the final chapter of this document.

INTRODUCTION

This document aims to summarise the project analysis of key aspects of Early Childhood Intervention (ECI) in a number of European countries, conducted by the European Agency for Development in Special Needs Education during 2003 - 2004. It also provides a list of recommendations, mainly addressed towards professionals working in this field, offering them some practical ideas for reflection and improvement of their practice.

This analysis would not have been possible without the expertise and competence of the experts and families involved directly or indirectly in the project. They provided relevant materials, ideas and remarks related to the situation of ECI in their countries, as well as reflections and critical comments throughout all phases of the project.

The **rationale** behind this document corresponds to the need for further examination of this essential topic, developing the work already completed by the Agency in 1998. It is also in accordance with the main principles highlighted by key international organisations such as the United Nations (U.N.) and UNESCO, both of which have made their position in fighting for the rights of children and their families very clear:

Motherhood and childhood are entitled to special care and assistance (U.N. 1948, Article 25 §2).

The child shall be entitled to grow and develop in health; to this end, special care and protection shall be provided to both him and to his mother, including adequate pre-natal and post-natal care (U.N. 1959, Principle 4)

States' Parties recognise the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child (U.N. 1989, Article 23 §2)

States should work towards the provision of programmes run by multidisciplinary teams of professionals for early detection, assessment and treatment of impairment. This could prevent, reduce or eliminate disabling effects (U.N. 1993, Rule 2 §1)

Early childhood care and education programmes for children aged up to six years ought to be developed and/or reoriented to promote physical, intellectual and social development and school readiness. These programmes have a major economic value for the individual, the family and the society in preventing the aggravation of disabling conditions (UNESCO, 1994, §53).

The **methodology** used during the analysis was intended to correspond to the basic principles of ECI: to work in a respectful and open way within an interdisciplinary environment and in an interactive manner, respecting participants' diverse backgrounds.

The collection of national level information and analysis of national situations formed the basis of the work conducted.

Key experts representing ECI policy, practice and research sectors from 19 countries were nominated by representatives of the Agency. All professional sectors were also represented: education, social services and health care, with a larger representation from education services. Families were directly involved in one of the work meetings, as well as in the validation phase of the project (see page 7).

In total, five meetings were conducted during the project - four work meetings and a final seminar. The main objective of the work conducted during the meetings was to reflect upon and then provide concrete proposals concerning the following issues identified in the first meeting:

- The role to be played by services and professionals within the framework of early childhood intervention provision;
- Team composition and the necessary training of professionals;
- Changes related to the ECI target group;

- Tools required for working with children and their families in the best way.

Three locations for meetings and site visits were selected based on the fact that they presented good examples of different ways of implementing the ecologic-systemic model of ECI - a well recognised theoretical and practical approach in this field (please refer to later chapters for more detail on this model). In addition, these three locations demonstrated a direct link to ongoing research work conducted by local universities in the locations. This allowed the experts involved in the project to discuss and then identify the main characteristics, strengths and areas for improvement to be implemented, according to the situation in the participating countries.

The overall analysis followed four phases, all of which have contributed to the preparation of this summary report.

Information phase: collection of country contributions, structured according to a model agreed upon during the first meeting and designed to compare existing provision and services in the countries involved. Experts were asked:

- To provide information on the main characteristics of ECI services and/or provision in their countries, and
- To present a general pathway - a so-called *life-line* - followed by a child and her/his family in need of early childhood intervention from birth until five or six years. This life-line indicated the name and type of support offered via available provision depending on the child's age, the services responsible for that provision and comments.

Exchange phase: exchange and discussion upon a number of agreed issues relevant to the field of ECI and based on an examination of three practical examples: Munich, Germany, Coimbra, Portugal and Västerås, Sweden. The three locations offered the possibility to analyse how ECI is implemented in different ways, as well the possibility to highlight similarities and differences across services and provision in countries involved in the project. Contributions from professionals and parents in

the selected locations undoubtedly enriched the overall discussions.

Discussion phase: global discussion on the state of the art of ECI and clarification of the content generated throughout the meetings. A draft document covering the main results of the discussions held during the three meetings was extensively discussed. This important phase contributed to the production of the final summary report via an in-depth discussion with experts and Agency National representatives of all aspects covered in this document.

Validation phase: validation of results at the final seminar, via an open discussion of the main results achieved by the group of experts and external parties. Parents, professionals, policy makers and researchers involved in the field of ECI were invited for this final phase.

The term **early childhood intervention** is used deliberately throughout this document. This has been done in order to avoid any misunderstanding or confusion with the concept of early intervention. Early intervention refers to necessary action and intervention being used to support any child and his/her family, as early as possible during any time in his/her education.

It needs to be clearly highlighted that actions within the framework of Early Childhood Intervention are focused upon children with special needs from birth until a maximum of six years of age.

This summary report is structured as follows. **Chapter One** of this document provides a brief overview of the conceptual framework of the ECI field. This framework draws upon relevant publications on this topic and definitions as well as main objectives are described.

In **Chapter Two**, results of the analysis conducted during the project are presented. This analysis covered the realities of provision and organisation of ECI services in the participating countries. It also reflected the in-depth discussions related to

the three country examples. As a result of these discussions, a series of key aspects to be considered in the field of ECI were highlighted. These aspects are the focus of a number of considerations and challenges for families and professionals.

In **Chapter Three** a number of recommendations, mainly addressed to professionals, are listed.

This document can only provide a summary of the discussions, information and experience exchange generated by the experts during the project. Readers who are interested in getting more information on the situation of ECI in the participating countries, details of key contact people and references to relevant publications, should refer to the ECI web area on the Agency website: http://www.european-agency.org/eci/eci.html

1. EARLY CHILDHOOD INTERVENTION: CONCEPTUAL FRAMEWORK

Early Childhood Intervention is considered to be a key area for analysis at the European level. It was one of the thematic areas within the frame of the Community Action programme Helios II (1993-1996), with important reflections from both education and rehabilitation perspectives being produced. Results from both sectors also formed the basis of the document published by the European Agency for Development in Special Needs Education (1998) reflecting the state of the art in different countries. These documents, along with the Eurlyaid - European Association on Early Intervention - Manifesto (1991) and other relevant publications, provide a good overview of the development of this topic at the theoretical, policy and practice levels.

The European and international documents published in the last 20 to 30 years, dealing with concepts, principles and methods of ECI, show the **evolution of ideas and theories**. Different authors' inputs from various theoretical perspectives have contributed to the evolution of concepts and, consequently, practice. Their contributions are twofold:
1. They have developed a new concept of ECI, in which health, education and social sciences, particularly psychology, were directly involved. This corresponded to a new situation as, in the past, these sectors had relatively different and not always inter-related impact;
2. They have highlighted the progression of change from intervention mainly focused on the child to an increasingly broad approach, where the focus was no longer solely placed on the child, but also on the family and the community (Peterander et al, 1999; Blackman, 2003).

The way in which health and human sciences have progressed and evolved in the past years, in addition to general social changes, has had a direct influence on the concepts and methods presently used in the field of ECI.

Increased knowledge in the field of brain development highlighted the importance of early experiences in influencing

the growth and development of neural pathways (Kotulak, 1996). Similarly, according to Park & Peterson (2003), recent research on brain development seems to prove that positive and rich experiences during early childhood can have positive effects on brain development, helping children to acquire language, to develop problem-solving skills, to form healthy relationships with peers and adults and to acquire different abilities that will be of importance throughout life. From birth - even from conception - to the first years of life, the way children develop cannot be compared with any later stage of life (Shonkoff, 2000). However, as this author points out, development can be seriously compromised by social and emotional “impairments”.

Different research and debates have addressed the direct and irreversible impact of early development upon lifelong development, without evident proof of fixed and rigid cause-effect impact. Nevertheless it is accepted that what happens during the first months and early years of life has an effect further on at different times in child development:
It does not matter because all early damage is irreversible, because missed opportunities can never be made-up later, or because the early years provide an indelible blueprint for adult outcomes; early damage may be reversible, some missed opportunities can be made up later, and adult outcomes do not proceed inexorably from early experiences, early damage can seriously compromise children’s life prospects. Compensating for missing opportunities often requires extensive intervention, later in life. Early pathways establish either a sturdy or fragile stage on which subsequent development is constructed. (Shonkoff & Phillips, 2000, p384)

Several theories in psychology and education contributed to the consolidation of a broad approach towards ECI: from theories focused on the nature versus nurture dichotomy, perceiving children’s development as an open process (*tabula rasa* where all is possible and results from adult influence, positive and negative) to a more determinist approach.

Key theories dealing with child development and learning processes, such as the developmental approach of Gesell (1943), the operant conditioning of Skinner (1968) and the genetic epistemology of Piaget (1969), have had a great influence on ECI. A common, implicit element regarding education strategies and possibilities for very young children with special needs is their focus on the child and her or his limitations, considered independently from the environment she or he is living in.

Further developments have been made by other authors, who have placed special emphasis upon:
a) the role played by the family and caregivers in the child's development – attachment theory (Bowlby, 1980; Ainsworth et al, 1978);
b) the impact of social interactions – social learning theory (Bandura, 1977), social development theory (Vygotsky, 1978), transactional model of communication (Sameroff and Chandler, 1975; Sameroff and Fiese, 2000);
c) the influence of interactions with others and the environment on development – human ecology (Bronfenbrenner, 1979).

A new perspective - although closely related to these previously mentioned theories - is focused upon within the ecologic-systemic approach. Porter (2002) defines this approach as viewing children's development in the following ways:
Holistic: meaning that all areas of development - cognitive, language, physical, social and emotional - are inter-related;
Dynamic: this is the principle of "goodness fit", which states that *in order to remain facilitating, the environment needs to alter in response to an individual's changing needs* (Horowitz, 1987, cited by Porter, 2002, p9).
Transactional: according to the Sameroff and Chandler model (1975), development is facilitated by a bi-directional, reciprocal interaction between the child and his or her environment. Developmental outcomes are seen as a result of a continuous dynamic interplay of a child's behaviour, caregiver's responses to the child's behaviour and environment-related variables that may influence both the child and the caregiver;

Singular: knowledge or development is singular - individuals construct their own unique perspectives.

The ecologic-systemic approach provides a systematic way of analysing, understanding and recording what is happening to children and young people with their families and the wider context in which they live (Horwath, 2000). It also has an impact on the development of curriculum models addressed to early childhood education:

It shifts the educational emphasis away from telling children what they should know, towards listening and responding to the richness of their present lives (Porter, 2002, p9)

At present, the ecologic-systemic approach is very widespread and can be considered as a reference model in ECI. It results from a change in the aim of the intervention as a complex process that cannot be focused only on the child, but that needs to consider her/his immediate environment.

The influence of the ecologic-systemic model is also evident in the U.S. Head Start Programme, targeted at low-income young children from birth to five years old and their families. This programme aims to prepare disadvantaged young children early enough in order to succeed in school. The programme is funded by the Federal Department of Health and Human Services and includes the involvement of mainstream and special education, health, social services and parents.

The following **ECI definitions** have been selected in order to present different aspects focused upon in the ecologic-systemic approach.

Guralnick (2001) defines ECI as a system designed to support family patterns of interaction that best promote child development. For Guralnick, the focus is placed upon parent-child transactions, family-orchestrated child experiences and on the help provided to parents in order to maximise their child's health and safety.

For Shonkoff & Meisels (2000), ECI consists of multidisciplinary services provided to children from birth to five years of age. The main objectives are to: promote child health and well-being; enhance emerging competences; minimise developmental delays; remediate existing or emerging disabilities; prevent functional deterioration; promote adaptive parenting and overall family functioning.

Blackman (2003) considers that "*the goal of early* [childhood] *intervention is to prevent or minimise the physical, cognitive, emotional, and resource limitations of young children with biological or environmental risk factors"* (p2). This author emphasises the key role played by families as a success factor of the intervention.

Dunst (1985) defines ECI as *"the provision of support (and resources) to families of young children from members of informal and formal social support networks that impact both directly and indirectly upon parent, family and child functioning"* (p179).

Trivette, Dunst & Deal (1997) develop the idea of ECI as a resource-based approach:
Contemporary early [childhood] *intervention practices are to a large degree conceptualised primarily in terms of service-based solutions to meeting child and family needs. That is, early* [childhood] *intervention programs generally define their relationships with children and their families in terms of particular services that the program offers and sometimes that other human programs provide (hence inter-agency coordination). This way of conceptualizing early* [childhood] *intervention practices is both limited and limiting because it fails to explicitly consider the value of sources of support other than formal professional services. In contrast, a resource-based approach to meeting child and family needs is both expansive and expanding because it focuses on mobilization of a range of community supports* (p73).

Within the framework of the analysis conducted by the Agency, the following operational ECI definition was proposed by the group of experts:
ECI is a composite of services/provision for very young children and their families, provided at their request at a certain time in a child's life, covering any action undertaken when a child needs special support to:

- *ensure and enhance her/his personal development,*
- *strengthen the family's own competences, and*
- *promote the social inclusion of the family and the child.*

These actions are to be provided in the child's natural setting, preferably at a local level, with a family-oriented and multi-dimensional teamwork approach.

One important element that appears in different definitions is the idea of **prevention** as part of the intervention work. Simeonsson (1994) lists three levels of prevention and intervention taking into account *when* preventive action should take place:
Primary prevention aims to reduce the number of new cases of an identified condition or problem in the population (incidence). For example, this aims to reduce new cases by identifying children at risk. Primary prevention includes measures preventing disorders or circumstances that might lead to disability (WHO, 1980). Primary prevention according to Mrazek and Haggerty (1994) refers to "interventions that occur before the initial onset of a disorder" (p23). These actions may be: a) *universal*, such as health measures addressed to all children and families, e.g. immunisation programmes for all population; b) *selective*, addressed to a fixed population, e.g. high risk groups; c) *indicated* to a population, e.g. individuals with an identified risk.
Secondary prevention aims to reduce the number of existing cases of an identified problem by acting after the onset of the problem, but before it is fully developed (prevalence).
Tertiary prevention aims to reduce the complications associated with an identified problem or condition, to limit or to reduce the effects of a disorder or disability by acting when these are already present.

These three levels can be identified in a broader context, taking into account the 'bio-psycho-social' model of functioning and disability published by WHO (World Health Organisation, ICF, 2001). According to this approach, prevention in the field of ECI cannot only take into account the health condition of a person; it should also take into account his/her social environment:
… *an individual's functioning in a specific domain is an interaction or complex relationship between the health conditions and contextual factors (environmental and personal factors). There is a dynamic interaction among these entities: interventions in one entity have the potential to modify one or more of the other entities* (p19).

Taking into account all the characteristics and principles providing the conceptual basis of ECI, two emerging features give a specific character to the work to be conducted in the field compared to other phases of a child's education. These are the *early age* of the child and the *complex and composite character* of the task.

The combination of these two factors requires:

- Joint effort from the different professional fields involved;
- Interaction of different intervening actors;
- Collaboration of all services to be involved;
- Direct involvement and participation of parents (and other members of the family).

It is only the efficient combination of action and intervention that ensures good results from any intervention addressed to young children.

This point clearly focuses attention upon the **impact** of ECI. Some authors refer to the field of ECI as the one approach providing an efficient means for fighting against further social and/or educational exclusion (Nicaise, 2000). Guralnick (1997) argues that research conducted in the 1970s *"demonstrated the general effectiveness and feasibility of early* [childhood] *intervention programs for children born at risk as well as for those with established disabilities"* (pxv). Further research, according to this author, will need to determine "*what*

interventions work best, for whom, under what conditions, and toward what ends" (Guralnick, 1997, pxvi).

Discussions held during the ECI project working meetings revealed that in order to measure the impact - the effectiveness - of ECI, all actors involved in intervention have to be taken into account:

- *The child*: the progress made and self-perception by the child her/himself, whenever possible
- *The family*: the level of satisfaction of the family
- *Professionals*: their level of satisfaction and competence
- *Community*: the level of satisfaction, benefits, cost/ effect investment, etc.

Evaluation of all these levels needs to be conducted in order to identify qualitative indicators of success. Very often, external evaluations are too standardised, too time consuming, too expensive and too focused upon quantitative indicators.

This conceptual framework provided the basis for reflections and discussions during the analysis phase of the project. The next chapter presents how different ECI services and provision are organised in various European countries, as well as issues emerging relating to their main characteristics and apparent challenges faced by countries.

2. EARLY CHILDHOOD INTERVENTION PROJECT ANALYSIS

2.1 Services provided in different countries

This section presents an overview of the organisation, main features, differences and challenges faced within services provided in different countries.

The **organisation** of ECI is not homogeneous in the different European countries involved in this analysis. Nevertheless, all countries provide services/provision and support addressed to very young children (from birth onwards) and their families. In some Nordic countries, for example, a nurse from health services visits all children at home on a regular basis for a maximum of one year, advising and supporting parents on their new tasks. This type of follow-up can be extended to two-and-a-half years in cases where there are early problems identified. In other countries, follow-up provided by nurses at home is also available, but only at a secondary level, once risk has been detected in a newborn child.

After early detection, a significant number of diverse services are offered. In some cases, ECI can be provided at a hospital by a specialised team, but in general, this is the moment when social and educational services become fully involved.

It is difficult, if not impossible, to summarise the complexity of the organisation of services and provision in the different countries without omitting relevant information. For those interested in country situations, information can be found in the online ECI web area on the Agency website: http://www.european-agency.org/eci/eci.html

Despite the heterogeneity of services, some relevant **common features** are to be highlighted:

Availability: a shared aim of ECI is to reach all children and families in need of support as early as possible. This aim is of

high priority in countries with a scattered population or with isolated rural areas. It is a general priority in all countries in order to compensate for the differences between urban and rural areas with respect to availability of resources and in order to guarantee that children and families applying for support can benefit from the same quality of services.

Proximity [1]*:* this aspect firstly relates to ensuring that the correct population is reached and a lot of effort has been given to de-centralisation of services or provision. Support is made available as close as possible to families, both at local and community levels. In the last 10-20 years, improvement has been made helping families avoid travelling to meetings with services often located a long way from their homes and helping services meet families in their homes or communities instead. Secondly, proximity also relates to the idea of providing family focused services. Clear understanding and respect for the family's needs is at the centre of any action.

Affordability: services are offered free of charge or at minimal cost to families in all countries [2]. Services are provided through public funds from health, social or education authorities, or by insurance companies and non-profit making associations. These options can co-exist, or indeed other options are possible. Additionally, in a small number of countries, private services - not supported by any public funding and fully paid for by families - are also available as an option.

Interdisciplinary working: professionals in charge of direct support to young children and their families belong to different disciplines (professions) and consequently have diverse backgrounds according to the service they are related to. Interdisciplinary work facilitates the exchange of information among team members.

Diversity of services: this feature is closely connected to the diversity of disciplines involved in ECI. The involvement of three

[1] The word *proximity* in the text has a twofold meaning: near to a place and near to a person.
[2] This involves public as well as private services funded with public funds.

services, namely health, social services and education is a common characteristic in various countries, but at the same time it also constitutes one of the main differences. The most comprehensive overview of the role played by services is provided through a classification of public health levels of prevention, as described in chapter one (for example see Mrazek & Haggerty, 1994; Simeonsson, 1994). Primary prevention embraces actions aimed at reducing disorders or problems in the population. Secondary prevention aims to diminish the number of existing cases of an identified problem. Tertiary prevention focuses on reducing the complications arising from an identified problem or a disorder. Primary prevention is usually ensured by health services, as well as by social and educational services in all countries. In some cases, this is implemented through regular medical and social monitoring of pregnant women, or through developmental screening of very young children at hospitals or at local health and education centres. All these services ensure the first general screening, followed by assessment of needs mainly addressed to a population with biological risk factors or presenting social risk factors. This is the first step to further referral to other services or health professionals in case of an identified need.

The **differences and challenges** across the countries appear to be related to the provision of ECI services. A short overview of key differences and challenges is summarised below. They are grouped around four questions:

1. When does ECI take place?
This question is directly related to early detection, assessment and referral. As mentioned earlier, in all countries involved in the project, health services are the main body responsible for these three steps that constitute primary prevention, but social and educational services are also involved. All countries agree on the importance of 'acting' as soon as possible and ensuring a continuous process. Difficulties emerge when a significant gap between early detection, assessment and referral appears. These differences are due to many reasons: late detection in cases of social or psychological problems; problems may be

more difficult to detect through medical monitoring; or lack of co-ordination among available services and/or teams. Even if great progress has been achieved, there is still a tendency to use a 'wait and see' policy towards less visible problems - mainly social and psychological problems - that may have consequences later on.

2. For how long does ECI occur?
Contrary to the case of North America where ECI takes place from birth to three years of age, in European countries the duration of intervention is variable. As a principle, support is provided to a child and his/her family until the child enters the school system and is under the full responsibility of education support services. In some countries, this means the beginning of compulsory education. Nevertheless, there seems to be no clear strategy concerning this transition phase and professionals from ECI teams feel that they need to go beyond their usual duties in order to compensate for the lack of co-ordination or availability of resources.

3. Who is in charge?
A significant number of types of provision and settings exist in different European countries. Diversity could be perceived as an advantage from a marketing perspective: the more options families have, the better choices and decisions they can make. Nevertheless, this does not seem to correspond to reality: families in many cases find it difficult to identify the right path for their child; clear multi-perspective information addressed to families is not always available. It seems apparent that the significant number of types of provision is evidence of a reactive situation, where services have been set up with the aim of responding to immediate needs or requests rather than as a result of a planned policy.

In all countries involved in the project, ECI centres can be found, albeit with differences. The exception is in the Nordic countries where health, social and educational services share the ECI process at a local level.
A common trend highlighted by different countries, is the need to adapt professionals' tasks and work planning according to

the family's needs and wishes, wherever services or provision are located. Professionals work 'with and in' the families, as much as necessary and as far as the family agrees. However, they also work, if required, in educational settings that the child might attend (day care centres, kindergarten, etc.) or in a special centre, an ECI service/centre or other form of setting.

4. What has to be done?
This aspect is described in more detail in the next section. However, the fact that a dichotomy between the medical and social approach with respect to intervention with very young children is still present in different European countries needs to be clearly noted from the start.

2.2 Key aspects

The working meetings, organised during the project lifetime provided an opportunity to discuss a number of relevant aspects in the field of ECI:
Target groups: the type of population referred to ECI teams and/or services, the changes evident in the last few years concerning the age and characteristics of children and the conditions under which ECI is delivered and received;
Teamwork: the professionals involved in ECI, their roles and responsibilities and the particular participation of educational services;
Professionals' training: initial and further training followed by ECI professionals;
Working tools: development of an individual family support plan or an equivalent document and follow-up.

It should be noted that no separate item focuses on parent involvement as it is argued that parents' active involvement is an essential condition embedded within every key aspect of the ECI process. Parents must act as co-partners with professionals, in order to strengthen, whenever needed, their competence and autonomy and together with the professionals, respond to the needs of the child. Even if the main focus is placed upon parents, the important role and support provided

by the other members of the family must not be neglected. Bearing this in mind, the main outcomes of the discussions held during the project are presented below.

2.2.1 Target Groups

Discussions were held regarding the type of population referred to ECI teams or services: children presenting biological and/or social risk factors and their families. The following main points were raised by the experts.

An *increasing number of children present psychological and socio-emotional problems*, without any evidence of whether this is due to a higher proportion of these problems in the population, or due to a change in parental awareness. Some parents might be more anxious, better informed and more sensitive to their child's development than in the past and consequently, they are more willing to ask for help and support.

There is *increasing focus upon the population 'at risk'* in its broadest sense, as being subject to ECI. In most countries involved in the project, a child needs to have an assessed problem in order to receive ECI support. To be perceived as 'at risk' is not enough to warrant receiving ECI. Preventive action, addressed to the 'at risk' population is the main task of other services. They need to either ensure systematic monitoring and follow-up of the child (mainly in the case of biological risk factors) or to take active care of the family (mainly concerning social risk factors). In many cases, efficient counselling of parents will make any further intervention unnecessary. Risk factors alone are not a condition for ECI if protective measures are present and are acting in favour of the child and the family. The difficult role that prevention services need to perform has to be emphasised: their task is to succeed in prevention of further difficulties (which is not easy) and to be aware of risks related to the 'wait and see' attitudes.

In some countries there is also a clear concern regarding the fact that parental request and agreement is indispensable and an absolute prerequisite condition for any intervention. The situation of respecting parents' decisions could present a risk of

excluding a number of children in need, or delaying the start of intervention as a consequence of missing or badly co-ordinated prevention, information and referral phases.

2.2.2 Teamwork

The starting point of the ECI project discussions was focused upon the increased involvement of education services in the field of ECI, on team composition and on organisation.

The situation in the countries regarding the organisation of services - as referred to in the first part of this chapter - is quite different, but an interdisciplinary approach is always present both within medical or social models of ECI. Services and provision range from a simple 'juxtaposition' of professionals to real teamwork evident in ecologic-systemic approaches to ECI.

Building up real teamwork is not an easy task. It requires two main components: interdisciplinary working and co-operation. As defined by Golin & Ducanis (1981), a multidisciplinary team shares and co-ordinates information. Tasks are accomplished individually, according to the skills of the team members. Information is shared and used in order to complete each member's task (Golin & Ducanis, op cit). Decisions are taken by the whole team, taking into account individual opinions. The number of professionals in a team is not crucial; it should depend on the needs of the child and the family.

Co-operation means, first of all, working with the family as an essential partner who is fully involved during the entire process. It also means working with the other team members and with other services or networks from health, education or social services, for example. It also implies sharing concepts and theoretical references as well as demonstrating an open and respectful attitude towards families and colleagues.

Time is needed in order to succeed putting these two components into place. Team members need to share their principles and objectives to ensure co-ordination within the team, as well as with external services. Two elements seem to favour this team-building process: the nomination of a key

person acting as a ‘case-holder’ and in-service training, as described below.

2.2.3 Professionals’ Training

Taking into consideration that professionals involved in ECI come from different fields and may have never worked together before, it is essential to be clear about the type of training they need to receive in order to be able to co-operate. During project discussions it was highlighted that special attention should be paid to the different training options offered to professionals in the following ways.

Initial training: training of different professionals from diverse backgrounds should aim to develop a shared understanding of common concepts, in order for ECI professionals to complement each other’s knowledge. Training in aspects such as work with families, teamwork, child development, etc. should be included in the topics covered in the initial training of future health, social and educational professionals. The prerequisite for professionals is to receive good initial training in their respective fields. Despite the fact that some specialised knowledge on ECI is always an advantage, it is rarely the case in any of the countries involved in the project. The exceptions are the Netherlands, Germany and Luxembourg, where special issues relating to ECI are included in initial training addressed to special and social educators, pedagogues and psychologists.

Further training: Even if work in the field of ECI is rather complex, there is no apparent need to create a new type of professional in order to comply with a required profile for working in this field. This would go against key ECI principles such as taking an interdisciplinary approach and teamwork. However, professionals working in the field of ECI need to follow some form of common further education in order to develop shared background experience. This can be achieved through post-graduate courses - such as Masters programmes - or specialised training in the form of different programmes offered by universities or higher education institutions. It can also take the form of special training courses organised by universities following requests from ECI teams.

Taking into consideration the expected work to be undertaken by professionals, further training needs to cover the following areas:

- Basic knowledge about the development of very young children, with and without special needs, as well as knowledge about family intervention issues and related theoretical information;
- Specialised knowledge regarding recent research in the field of ECI, assessment, working methods, etc.
- Personal competences concerning all aspects related to working with and in families; working in a team; co-operation between services, as well as developing personal abilities such as self-reflection, communication skills and problem-solving strategies.

In-Service Training (IST): IST is crucial in this field because it helps to compensate for gaps in initial training and meet the needs of the professionals involved. It is organised in and by the teams, within the framework of weekly meetings, which allows professionals to:

- Organise 'case' discussions;
- Share knowledge and working strategies;
- Acquire specific knowledge provided by external professionals;
- Discuss management issues internally or with external experts;
- Ensure external supervision;
- Develop personal competences.

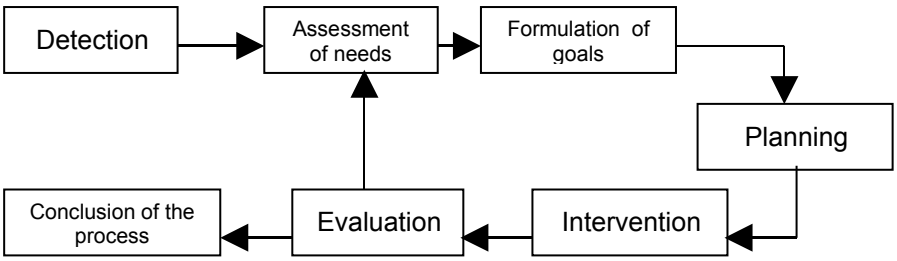
All of these elements aim to improve the teamwork and quality of services. Even if this 'informal' IST meets the immediate needs of professionals - and thus proves its value - it also presents some disadvantages. It is often not recognised by the related authorities in terms of working time and value as it mainly focuses on practical, daily problems and less on broad reflections about ECI objectives, strategies, methods, etc. This might lead to a situation where responsibility for IST initiatives is placed solely upon the individual teams.

More information on training and post-graduate courses in different countries is available on the online ECI web area: http://www.european-agency.org/eci/eci.html

2.2.4 Working Tools

With relation to working tools, two issues were discussed: assessment and preparation of an individual plan.

Assessment needs to be process-oriented. It takes place as soon as the problem is detected and determines the necessary type of intervention in a dynamic way, together with the family, according to the following scheme:



Diagnosis is part of this assessment process and takes place mainly at the beginning of the ECI process. Assessment looks at the situation of the child and the family *at one specific moment in time* in order to find out their needs and strengths. As this situation might change, assessment has to be permanently reviewed. The results of assessment must not be perceived as static or permanent – this can affect expectations and perceptions of professionals and families. It helps to formulate the goals, to plan and to determine the type of intervention required, which is to be evaluated afterwards. The results of the evaluation will either conclude the process, or require proceeding to a new phase of assessment of needs. It is necessary to highlight here that the involvement of families is fundamental. They play an active role during the entire process.

It is also important to ensure that all steps of the process are completed without gaps. Guralnick (2001) identifies assessment - *comprehensive, interdisciplinary assessment* - as a vital

component of the developmental system model that will allow professionals to obtain essential information about children with established or suspected problems and that will facilitate further plans and recommendations. Guralnick advises professionals, in the case of need, to proceed immediately with preliminary ECI, even before all assessment information has been gathered.

Assessment is an essential phase for strengthening co-operation between parents and professionals established through the development of individual plans or an **Individual Family Service Plan (IFSP)**.

Various types of plan exist in the countries involved in the project, although they can be called different things. In some cases, a Family Plan is developed together with the family as a kind of 'agreed contract' covering what has to be done and, later on, evaluated. In other cases different plans are worked out together with the family, depending on the services involved. In other scenarios, there is no formal plan, but families are permanently informed by the team of professionals. In some settings, the plan mainly concerns the child rather than the family.

Whatever it is called, a plan addressed to and developed with families is crucial as a guarantee for family participation, empowerment and respect of their needs, priorities and expectations.

The fact that ECI in many European countries is diverse and that its duration is variable, brings a positive element of flexibility in the preparation of such a document. It is not always subject to legal constraint and assumes adjustments, according to each specific situation as well as the services supporting the child and the family, although the family has to be considered as the owner of such a document. This helps to ensure confidentiality of information, avoid unnecessary repetitions of similar documents produced by different services and saves a lot of time for families and children.

Such a document also facilitates transition from one form of provision to another, mainly to school settings. When a child enters the school system, a Family Plan is followed by an Individual Educational Plan, which is child-centred and focuses on his or her educational needs.

All the elements presented so far in this chapter are now illustrated via the three ECI situations, summarised below.

2.3 Three specific examples of ECI

In this section examples of ECI are presented from **Munich, Coimbra** and **Västerås.** Visits to these three locations, exchange of information and open discussions with local professionals as well as a mother in Västerås, presented the opportunity to enrich general discussions and see how theoretical principles are implemented in practice.

The reason for presenting short summaries of these examples is the interest they may have for other professionals, allowing them to compare these examples with their own practice, and hopefully prompting reflection. These summaries should not be perceived in any way as a form of evaluation or judgement about best practice – that would be against the purpose of this document.

Below, short overviews of the ECI systems in the countries hosting the visits - Germany, Portugal and Sweden - are presented, followed by descriptions of the main characteristics of intervention in these three locations. A number of similarities and differences are identified at the end of this section.

2.3.1 Main characteristics

The information presented in the sections below is taken from the work of key researchers from each of the countries. Text in italics indicates direct quotes from published work whilst all other text is to be read as an abstraction of the researchers' own work.

The information relating to Munich, Germany is taken from Franz Peterander (2003); for Coimbra, Portugal, the information is taken from Bairrão, Felgueiras and Chaves de Almeida (1999) and Felgueiras and Breia (2004); information relating to Västerås, Sweden is taken from Björk-Akesson and Granlund (2003).

Munich (Germany)
More than 1000 institutions in Germany offer ECI for children with disabilities. These ECI centres are mainly run by major national charities, such as Caritas, Diakonie, Paritätischer Wohlfahrtsverband and Lebenshilfe. The system of early childhood intervention varies from one federal state to another. They have different structures, systems of financing and facilities. The system includes inter-disciplinary ECI centres, socio-paediatric centres, special kindergartens, 'heilpedagogic' centres, education and family counselling centres. In 1973, the Early Identification and Early Intervention of Children with Disabilities report produced by Otto Speck, at the request of the German Board of Education, provided the basis for setting up a comprehensive system of inter-disciplinary early intervention at first in Bavaria. It recommended regional, family-oriented and inter-disciplinary early childhood intervention centres.

In Bavaria, 4% of children up to the age of 3 years need intervention. In 2002, 123 regional ECI centres provided a well-established network of early help within easy reach for everybody; no centre is further away than 10 km for any family. Treatment is provided to 25,000 infants and young children, of which 50% are centre outpatients and 50% receive intervention from mobile teams at home. Children receiving ECI services have various disabilities. One third have severe cognitive or physical disabilities. The average age is 3-4 years. Approximately 14% (more than 25% in urban areas) are immigrants.

Treatment according to the individual need includes one or two sessions per week for two years. An average of 11 therapists from different fields work continuously together in an ECI team. On average the staff remain in one centre for 5-7 years, which

means that competent teams can develop. Teamwork is essential for successful early childhood intervention. All professionals complement each other. Such co-operation between experts requires an exchange of views and ideas on each individual case; agreement on conceptual basic issues, values, aims, specialised fields and organisational issues.

Early [childhood] *intervention is offered free of charge and is open to anyone. The centres receive funding for the usual weekly requirement of one or two intervention sessions, parental co-operation, interdisciplinary teamwork and collaboration with partners outside the centre. Early* [childhood] *intervention is financed by various bodies: municipal authorities; health insurance; the Bavarian Ministry of Education and the Bavarian Ministry of Social Affairs…*

… Diagnosis and intervention are geared solely to the individual needs and the environment of the child. Due to a paradigm shift from a deficit-oriented and child-oriented approach to holistic-family oriented early [childhood] *intervention, there is no generally acceptable curriculum. The change in the theoretical concepts is also reflected in the principles that underlie the practice of early childhood intervention in Germany. Specialists base their treatment on a combination of these principles and indicators of early* [childhood] *intervention that have proven successful, as well as on theoretical and conceptual ideas (the holistic approach, family orientation, regional and mobile early* [childhood] *intervention, interdisciplinary teamwork, networks, and social inclusion) …*

… In Bavaria and some other Länder early interventionists can turn to the 'Arbeitsstelle Frühförderung' for help and consultation on specific issues. Bavaria was the first state to establish such an 'Arbeitsstelle' in 1975, comprising a pedagogic and medical department, each with staff members from various professions working in close cooperation. The common aim is: to expand on the knowledge of early intervention; to help develop practical work; to promote exchange and discussion between the various early

intervention centres; to improve the quality of work and the degree of inter-disciplinarity. With this in view, the 'Arbeitsstelle' offers amongst other things a wide and varied selection of in-service training as well as individual consultancy services for the Bavarian early intervention centres. (Peterander, 2003b, p302)

Coimbra (Portugal)
Until the end of 1980s in Portugal, children with special needs younger than compulsory school age were taken care of primarily by the Health and Social Security Services; involvement of the Ministry of Education was limited.

Despite the increasing recognition of the need to develop services for children with special educational needs at an earlier age, the level of the care provided was very low. The few existing initiatives were mainly focused on the child's diagnosis and therapies, similar to the then prevailing medical model for school-age children. Families were mainly provided with financial support or mental health services.

By the end of 1980s and early 1990s, a new stage in Early Childhood Intervention (ECI) began in Portugal. Some innovative experiences of taking care of children with disabilities or at risk in the first years of life emerged. The *Coimbra Early Intervention Project (PIIP)* based on inter-service collaboration among social security, health and education sectors and the *Early Intervention Portage Project* in Lisbon, were considered as favourably influencing the development of ECI throughout the country. These projects had an important role in providing ECI in-service training to different professionals.

In this phase, the "Portage Model for Parents" was an important landmark and had a positive influence. The Portage model introduced some innovative features, disseminating a home-centred model in partnership with parents; goal planning and individualised intervention strategies; a system of organising the existing resources (a pyramid of resources); interdisciplinary collaboration among services and a model of in-service training and supervision of home visitors.

It can be said that the development of ECI in Portugal has been a “bottom-up” process, which has lead to a progressive awareness of policy makers on this issue. Effectively, the action undertaken by field professionals at a local level played a leading role in ECI development. In an effort to gain more benefit from the scarce and insufficient resources available through inter-service collaboration and applications to financing sources relating to existing community programmes at that time, initiatives called Integrated Projects for ECI emerged all over the country.

At the same time, the Ministry of Education became progressively involved in the implementation of support measures aimed at children with disabilities from birth to 6 years. Specifically, in 1997 the Ministry of Education established the mechanisms through which resources and financial support to local ECI projects were granted, based on collaboration between educational support services and private special education institutions.

In Portugal, in-service training provided by different non-academic organisations has played - and is still playing - a main role regarding qualifications for ECI professionals. Generally, these different training modalities are orientated according to theoretical and practical perspectives influenced by the North American model and respective ECI related legislation. Some crucial issues in ECI are considered in order to help professionals change from traditional practice to more effective evidence-based practice:

- From child-centred and deficit-oriented models to integrative intervention provided *within the child’s natural context;*
- From parallel, fragmented and mono-disciplinary intervention (isolated therapies) provided by different professionals, to *interdisciplinary teamwork* and *integrated inter-service collaboration* and participation.
- From “assistance” models to an *empowerment model* and *family-centred practice,* which views the family as an intervention unit.

The influence of the ecological (Bronfenbrenner; 1979, 1998) and transactional models of development (Sameroff & Chandler 1975; Sameroff & Fiese, 1990) has directed the organisation of ECI towards an inter-service collaboration system, aiming at the adoption of more comprehensive programmes, where effective family and community participation play a key role.

In 1999, legal provision dedicated exclusively to ECI was created (Joint Executive Regulation nr. 891/99). This set the *"Guidelines regulating early* [childhood] *intervention for children with disability or at risk of severe developmental delay and guidance for their families".* It was an important step taken towards recognition and the identity of ECI.

This legislation defines ECI as an integrated support measure, child and family-centred, undertaken by means of preventive and rehabilitation actions, namely within the scope of education, health and social welfare, with a view to:

a) Ensuring the facilitation of conditions supporting the development of a child with a disability or at risk of severe developmental delay;
b) Increasing the potential for improvement of family interactions;
c) Empowering the family's competence and developing their progressive ability and autonomy to meet emerging disability problems.

For the first time a political and governmental commitment was stated with regard to ECI service provision. The organisation of a resource and funding system, inter-sector co-ordination and state-private collaboration were established. The education, health and social security sectors shared a joint responsibility for the establishment of *direct intervention teams* at a county level, *district co-ordination teams* and a *national inter-departmental group*.

Even through great advances have been achieved in recent years, ECI provision in Portugal faces important challenges and requires joint efforts in order to:

- Increase coverage, mainly for 0-2 year olds;
- Improve earlier detection and referral;
- Make interdisciplinary and family-centred practice more consistent;
- Improve the quality and opportunities of professional training, and
- Raise awareness of the value of ECI and its sustainability amongst policy makers, professionals and the wider community.

Professional qualifications, outcomes of research and evaluation of processes for children and their families are crucial issues for the evolution and quality of ECI in Portugal.

Västerås (Sweden)
The Swedish philosophy of childhood considers this developmental period as unique in the life of human beings. Childhood has its own value and is not merely seen as a time of preparation for adult life. Therefore, an important role for the early childhood educator is to create possibilities for children to play.

Municipalities (289 in total) are responsible for basic services to all people, including childcare, school and social services. Sweden is divided into regions with 20 counties governed by county councils who are responsible for health and dental care, which is free for all children and young people.

Early childhood intervention can be defined as intervention practice with children in need of special support from birth until the start of school at the age 6 or 7 years. Early childhood intervention services are directed towards the child in a family/ proximal environment context. Both the communities and county councils are responsible for early childhood intervention with different goals and groups being served.

At a primary level of prevention, the community has the basic responsibility for the well being of all children and families and for securing acceptable conditions of living for everyone. At a secondary level, the community is responsible for intervention

in preschool and in childcare programmes. At a tertiary level, the community is responsible for creating a healthy environment for children and families. The county council is required to provide health and medically related services at the primary level of prevention addressed to all children and families through the Child Health Services (CHS). With changing living conditions, the focus of CHS has been altered from providing mainly monitoring and immunisation programmes including more work regarding psycho-somatic and socio-emotional problems, changing parental roles and supporting immigrant families. Parent groups and parents' education are arranged as part of this service.

A family-centred perspective implies that intervention is carried out in naturalistic situations, in everyday life. Therefore, early childhood intervention in Sweden is primarily conducted in one of the natural contexts for young children, the family and/or in the community based childcare/preschool. Both communities and county councils are involved in the provision of such services. The responsibility of the community includes specific intervention in the preschool or family childcare setting, personal assistant and respite care for children identified as in need of special support and their families. The county council is responsible for providing services to children identified as having a disability through the Child Habilitation Centres (CHC).

Sweden's official philosophy for support to children with disabilities is based on a perspective corresponding to the International Classification of Functioning Disability and Health (WHO, 2001). In ICF, aspects of an individual's health and health related factors are classified in the dimensions related to body function and body structures, activity, participation and factors related to the environment.

The ICF can be used to describe the organisational structure of services provided to young children in need of support in Sweden. Services provided by the county councils are primarily focused upon body functions (CHS) and upon performing activities (CHC). If a child is identified as having problems with body functions, s/he is referred to medical services for children

through the CHS. There the child and the family will meet professionals in an organisation based on the medical model and focused upon body functions, e.g. eye-clinic, internal medicine or orthopaedic clinic. If a child is identified as not developing optimally, not performing activities as expected, s/he is referred to a CHC. Rehabilitation services are aimed at children with disabilities and their families and on a 'living dialogue' between service users and professionals.

At a CHC, an interdisciplinary team represented by the medical, education, psychology and the social fields works in collaboration with the child and the family. Community experts are often organised according to the role or system they are meant to support, e.g. family support, preschool consultant. After identification, many experts from different organisations are involved in providing services to children in need of special support. A key issue in collaborating about children in need of special support is how to co-ordinate recommendations and services from experts with different perspectives on early childhood intervention working in different systems.

2.3.2 Similarities and differences

General information provided by country experts, briefly summarised above, as well as discussions with professionals from the three locations, highlighted some similarities and differences within these three examples.

The same theoretical model: these three examples base their practice on the principles of the ecologic-systemic model and share some common features:

- The same principles apply with regards to a family-centred approach, socially-oriented concepts, services provided according to proximity to family's location and teamwork;
- Services are provided free of charge for the families;
- High priority is assigned to professional training and accordingly diverse types of in-service training are undertaken by all team members;

- There is a high level of commitment and competence is demonstrated by professionals and positive perception of teamwork is present
- A positive climate and sharing common objectives prevails.

Different implementation: the ecologic model is being implemented in different ways, depending on country characteristics. The differences described below are evident in various ways, depending on the location of the examples.

A *well-established and experienced ECI centre* in Munich, representative of a consolidated network of ECI centres in Bavaria. This system of ECI provision through 'specialised centres' is based upon establishing a stable and highly qualified group of professionals around ECI centres close to the location of families. Many different centres exist, funded by different services and departments.

Diverse sources of funding for services might be perceived as a challenge, because it is necessary to ensure that professionals possess adequate knowledge of all existing resources. It is also important to ensure productive collaboration among them in order to support families and provide the necessary resources, in accordance with the principles underlying the ecologic model.

In Coimbra, a *highly qualified project team, providing ECI through an 'inter-agency' system*. This system is based on agreement and co-operation between different local and regional departments - health, social services and education – who are responsible for funding the services through the provision of required professionals.

This system ensures efficient rationalisation and use of existing resources with high priority given to socially disadvantaged families.
Good co-ordination of different 'agencies' involved at all levels (local, regional and national) is a significant challenge - if any one of them is missing, this makes provision vulnerable at the

financial and professional levels. Stability of teams is another challenge for this type of provision in Portugal.

Different professionals from the Community Resource Centre in Västerås are supporting preschool children (from the age of one) and their parents. This 'local and decentralised' type of provision is based on a sound social system providing families with important social benefits.

This system seems to work and is clearly based on the competence of professionals and the healthy economy of the country.

Some challenges need to be considered. These are mainly related to the need for co-ordination and co-operation among services and related professionals provided at local and country levels, as well as comprehensive training on young children's development for the various professionals involved.

The final point related to the three examples is that all of them raise the issue of the increased impact of immigration on ECI provision. This is a positive sign of the professionals' awareness of social changes in European society that influence their own practices.

3. RECOMMENDATIONS

The following recommendations are based on the principle that early childhood intervention is *a right* for all children and families in need of support. Taking into account the results from the analysis presented in the previous chapters, a number of relevant features emerge and, therefore, need to be properly implemented. The following recommendations aim to help professionals become aware of adequate strategies for the implementation of these relevant features and help them avoid existing barriers – all for the benefit of children and their families. These recommendations, based upon the results of the project meeting discussions, are also considered to be of interest to policy makers despite the fact they are mainly addressed to professionals working, or planning to work, in this field.

The five main features mentioned in chapter two are presented below, along with a non-exhaustive list of recommendations aiming at their successful implementation.

3.1 Availability

In order to ensure that ECI reaches all children and families in need as early as possible, the following recommendations are proposed.

Existence of ECI policy measures: at local, regional and national levels, policy measures should guarantee ECI as a right for children and families in need. ECI policies should enhance the work to be jointly undertaken by professionals together with families, by defining ECI quality and evaluation criteria. Taking into account the situation in different countries, three issues require particular attention:

1. Families and professionals need policy measures that are carefully co-ordinated in terms of strategies for implementation, objectives, means and results;
2. Policy measures should aim to support and ensure co-ordination of the education, social and health services

involved. Overlapping or contradictory measures within or across the services should be avoided;

3. Policy measures might include developing regional and national ECI support centres, acting as a link across the policy, professional and user (family) levels.

Availability of information: as soon as required, extensive, clear and precise information about ECI services/provision should be offered at local, regional and national levels to families and professionals from all services. Special attention should be paid to the use of precise, but accessible language. In the case of families from different cultural backgrounds, their preferred language is to be used in order to avoid excluding them from access to any relevant information.

Clear definition of target groups: policy makers are the group to decide on ECI eligibility criteria, but professionals should co-operate in an advisory role. ECI centres, provision, teams and professionals should focus on the defined target groups, according to the priorities established at local, regional and/or national levels. Contradictions across levels may cause distortions and, as a consequence, children and families might not get support or not be able to access adequate resources.

3.2 Proximity [3]

In order to ensure that ECI provision and services are available geographically as close as possible to the families and are family focused, it is important to take the following into account.

Decentralisation of services/provision: ECI services and/or provision should be located as close as possible to the families in order to:

- Facilitate better knowledge of the conditions of the families' social environment;
- Ensure the same quality of service despite differences in geographical location (e.g. scattered or rural areas);

[3] Proximity is considered in this document to have a twofold meaning: near to a place and near to a person.

- Avoid overlaps, irrelevant or misleading pathways.

Meeting the needs of families and children: services and provision should exert the necessary effort in order to reach families and children and meet their needs. This implies that:

- Families have the right to be well informed from the moment when the need is identified;
- Families have the right to decide, together with professionals, on the next steps to be undertaken;
- ECI cannot be imposed onto families, but should guarantee the right of the child to be protected. The rights of children and families need to converge;
- Families and professionals share an understanding of the meaning and the benefit of the type of intervention recommended to families and the child;
- The development of a written document (such as an Individual Plan, Individual Family Service Plan, or equivalent) prepared by professionals together with families, facilitates transparency and common agreement on the ECI process: planning of intervention, formulation of goals and responsibilities, evaluation of results;
- Families should receive training upon request, which would help them obtain the required skills and knowledge, therefore facilitating their interaction with professionals and with their child.

3.3 Affordability

In order to ensure that ECI provision and services reach all families and young children in need of support, despite their different socio-economical backgrounds, it is necessary to ensure that **cost free services/provision is made available for the families**. This implies that public funds should cover all costs related to ECI through public services, insurance companies, non-profit organisations, etc, fulfilling the required quality standards stated in the respective national ECI legislation. In the case where private ECI provision, at the entire cost of the family, co-exists with publicly funded services, quality

standards defined by the national ECI legislation must be implemented.

3.4 Interdisciplinary working

Early childhood services/provision involves professionals from various disciplines and different backgrounds. In order to ensure quality teamwork, the following recommendations are suggested.

Co-operation with families [4]: as the main partners of the professionals, this co-operation should be ensured, taking into account that:

- Professionals have to initiate co-operation and have an open and respectful attitude towards the family, in order to understand their needs and expectations and avoid any conflict arising from different perspectives on needs and priorities, without imposing their point of view;
- Professionals should organise meetings in order to discuss the different points of view with parents and together set up an agreed written document, called an Individual Plan or similar;
- An Individual Plan (IFSP or equivalent) should present an agreed plan stating the intervention to be conducted, as well as goals, strategies, responsibilities and evaluation procedures. This written agreed plan should be regularly evaluated by families and professionals.

Team building approach: despite their different backgrounds, corresponding to their disciplines, ECI teams/professionals should work in an inter-disciplinary way before and whilst carrying out the agreed tasks. They need to share principles, objectives and working strategies. The different approaches must be integrated and co-ordinated, reinforcing a comprehensive and holistic approach, rather than a

[4] Co-operation is used in the text in the sense of families and professionals working together, both providing their own expertise and combining efforts and responsibilities.

compartmentalised one. Special attention should be paid to the following issues:

- Information needs to be shared in order for team members to complement each other, according to both their individual skills and competences;
- Decisions should be taken by the team/professionals following discussion and agreement;
- A contact person should be nominated in order to co-ordinate all necessary actions, ensure permanent contact with the family and avoid numerous unnecessary unilateral contacts between the services and the family. The contact person should be the reference person for the family and the professional team. S/he should be nominated according to the skills required for each specific situation;
- Professionals from different disciplines need to know how to work together. Common further or in-service training should be organised in order for professionals to share common basic knowledge related to child development; specialised knowledge related to working methods, assessment, etc, and personal competences on how to work with families, in a team, with other services and on how to develop their personal abilities.

Stability of team members: teams should be as stable as possible in order to facilitate a team building process and ultimately quality results. Frequent and unjustified changes of professionals might affect the quality of the support provided as well as teamwork and training

3.5 Diversity

In order to ensure that the health, education and social sectors involved in ECI services and provision share responsibilities, the following recommendations are suggested.

Adequate co-ordination of sectors: the variety of sectors involved should guarantee the fulfilment of aims of all

prevention levels through adequate and co-ordinated operational measures. This implies that:

- Health, education and social services should be involved in early detection and referral in order to avoid gaps or significant delays that might affect further intervention as well as waiting lists in the case of overloaded services or teams;
- Developmental screening procedures are there for all children. They need to be well known and systemically implemented;
- Consistent monitoring, advice and follow-up procedures need to be provided to all pregnant women.

Adequate co-ordination of provision: good co-ordination is necessary in order to guarantee the best use of the community resources. Good co-ordination means that:

- Services should ensure continuity of the required support when children are moving from one provision to another. Families and children should be fully involved and supported;
- Preschool settings should ensure a free place to children coming from ECI services/provision.

As mentioned above, these recommendations are mainly addressed to professionals working or planning to work in this field, but they also concern decision-makers at the policy level. This is why an evaluation of impact of ECI policies should be regularly carried out and communicated in order to promote discussion and to stimulate research in this field. It should be taken into account that early childhood intervention policies are the common responsibility of families, professionals and policy makers at local, regional and national levels.

REFERENCES

Ainsworth, M.D., Blehar, M.C., Waters E., Wall S. (1978) *Patterns of Attachment: a Psychological Study of the Strange Situation.* Hillsdale, NJ: Erlbaum.

Arnkil, T.E. (2003) *Early Intervention – Anticipation Dialogues in the Grey Zone of Worry.* Reykjavik (Iceland): Nordiska barnavårdskongressen Reykjavik.

Bairrão, J., Felgueiras, I., Chaves De Almeida, I. (1999) Early Intervention in Portugal. In *Symposium on Excellence in Early Childhood Intervention,* Västerås (Sweden): Mälerdalens Högskola.

Bairrão, J., Chaves De Almeida, I. (2002) Contributos para o Estudo das Práticas de Intervenção Precoce em Portugal. In *Collecção Apoios Educativos,* Nr. 6, Ministerio da Educação, Departamento da Educação Básica.

Bandura, A. (1977) *Social Learning Theory*. New York: General Learning Press.

Björck-Akesson, E., Carlhed, C., Granlund, M. (1999) *The Impact of Early Intervention on the Family System. Perspectives on Process and Outcome.* Madrid: GENYSI (Grupo de Estudios Neonatológicos Y Servicios de Intervención).

Björck-Akesson, E., Granlund, M. (2003) Creating a Team Around The Child Through Professional's Continuing Education. In Odom, S. L., Hanson, M.J., Blackman, J.A., Kaul, S. *Early Intervention Practices around the World*. Baltimore: Brookes Publishing.

Blackman, J.A. (2003) Early Intervention: An Overview. In Odom, S. L., Hanson, M.J., Blackman, J.A., Kaul, S. *Early Intervention Practices around the World*. Baltimore: Brookes Publishing.

Boavida, J., Espe-Sherwindt, M., Borges, L. (1999) Community-Based Early Intervention: The Coimbra Project (Portugal). In C*hild: Care, Health and Development*, vol. 26:5, Blackwell Publishing.

Bowlby, J. (1969) *Attachment and Loss,* vol. 1: *Attachment*. New York: Basic Books / Tavistock Institute of Human Relations.

Bowlby, J. (1980) *Attachment and Loss*, vol. 3: *Loss*. New York: Basic Books.

Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by nature and design.* Cambridge MA: Harvard University Press.

Bronfenbrenner, U., Morris, P.A. (1998) The Ecology of Developmental Process. In Damon W. (ed). *Handbook of Child Psychology*, 5th ed. New York: John Willy &Sons.

Bruder, M.B. (2000) The Individual Family Service Plan. In *ERIC-Digest,* Nr. E605, Educational Resource Editors Information Centre: Clearinghouse on Disabilities and Gifted Education.

Cameron, S., White, M. (1996) *The Portage Early Intervention Model: Making the Difference for Families across the World*. In *Conference Proceedings 1996*, National and International Portage Association.

Detraux, J.J. (1998) *Synthèse du 4ème Symposium Européen sur « Egalité des chances et qualité de vie pour familles avec un jeune enfant handicapé »*. European Association on Early Intervention (Eurlyaid).

Dunst, C.J. (1985) Rethinking Early Intervention. In *Analysis and Intervention in Developmental Disabilities*, Vol. 5.

Dunst, C.J. (2000) Revisiting “Rethinking Early Intervention”. In *Topics in Early Childhood Special Education*, Nr. 20 (2).

Eurlyaid(1991) *Manifesto of the Eurlyaid working party with a view to future EC policy: Early Intervention for Children with Developmental Disabilities*, Elsenborn: Eurlyaid.

European Agency for Development in Special Needs Education (1998) *Early Intervention in Europe. Trends in 17 European Countries.* Middelfart: EADSNE.

European Agency for Development in Special Needs Education (2003) *Special Needs Education in Europe.* Middelfart: EADSNE.

Felgueiras, I., Breia, G. (2004) *Early Childhood Intervention in Portugal* (Un-Published).

GALLAGHER, J., CLIFFORD, R. (2000) The Missing Support Infrastructure in Early Childhood. In *Early Childhood Research and Practice*, Vol.2: 1.

GAT, Grupo de Atención Temprana (2000) *Libro Blanco de Atención Temprana*. Madrid: Real Patronato de Prevención y de Atención a Personas con Minusvalía.

GENYSI, Grupo de Estudios Neonatológicos Y Servicios de Intervención (1999) *La Atención Temprana en la Comunidad de Madrid; Situación Actual y Documentos del Grupo PADI*. Madrid: GENYSI.

Gesell, A., Ilg F. L., Ames, L.B. (1943) *Infant and Child in the Culture of Today: the Guidance of Development in Home and Nursery School*. New York: Harper.

Golin, A.K, Ducanis, A.J. (1981) *The Interdisciplinary Team, a Handbook for the Education of Exceptional Children.* Rockville, MD: Aspen.

Guralnick, M.J. (1997) *The Effectiveness of Early Intervention*. Baltimore: Brookes Publishing.

Guralnick, M.J. (2001) A Developmental Systems' Model for Early Intervention. In *Infant and Young Children,* Vol. 14:2. Aspen Publishers, ISEI.

Hains, A. (1999) *A Comparison of Select Provisions of Individuals with Disabilities Education Act (IDEA Part B, Part C) and Head Start.* Milwaukee: University of Wisconsin Milwaukee.

Helios II (1996a) *Early Intervention: Information, Orientation and Guidance of Families.* Brussels: European Commission.

Helios II (1996b) *Prevention, Early Detection, Assessment, Intervention and Integration: An Holistic View for Children with Disabilities.* Brussels: European Commission.

Horowitz, F.D. (1987) A Developmental View of Giftedness. In *Gifted Child Quarterly*, Vol 31: 4. American National Association for Gifted Children.

Horwath, J. (2000) *The Child's World. Assessing Children in Need.* London: National Society for the Prevention of Cruelty to Children (NSPCC)/ Jessica Kingsley Publishing.

Houston, S. (2002) Re-Thinking a Systemic Approach to Child Welfare: a Critical Response to the Framework for the Assessment of Children in Need and their Families. In *European Journal of Social Work*, Vol. 5: 3. Oxford University Press.

Kotulak, R. (1996) *Inside the Brain: Revolutionary Discoveries of How the Mind Works.* Kansas City MO: Andrews & McMeel.

Ministry of Education of New Zealand (1996) *Te Whāriki; Early Childhood Curriculum.* Wellington: Ministry of Education of New Zealand and Learning Media Wellington.

Mrazek, P.J., Haggerty R.J. (1994) *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research.* Washington DC: National Academy Press.

Nicaise, I. (2000) *The Right to Learn; Educational Strategies for Socially Excluded Youth in Europe*. Bristol: The Policy Press.

Odom, S. L., Hanson, M.J., Blackman, J.A., Kaul, S. (2003) *Early Intervention Practices around the World*. Baltimore: Brookes Publishing, ISEI, International Issues in Early Intervention Series.

Park, N., Peterson, C. (2003). Early Intervention from the Perspective of Positive Psychology. In *Prevention and Treatment,* Vol. 6, article 35, American Psychological Association.

Peterander, F., Speck, O., Pithon, G., Terrisse, B. (1999) *Les tendances actuelles de l'intervention précoce en Europe*. Sprimont: Mardaga Publishing House.

Peterander, F. (2003a) La formation du personnel à l'intervention précoce en milieu familial en Allemagne: de nouvelles compétences pour une nouvelle profession. In *La revue internationale de l'intervention familiale,* vol.7: 1.

Peterander, F. (2003b) Supporting The Early Intervention Team. In Odom, S. L., Hanson, M.J., Blackman, J.A., Kaul, S.

Early Intervention Practices around the World. Baltimore: Brookes Publishing, ISEI, International Issues in Early Intervention Series.

Piaget, J. (1970) *The Science of Education and the Psychology of the Child*. New York: Grossman.

Piaget, J., Inhelder, B. (1969) *The Psychology of the Child.* New York: Grossman.

Pretis, M. (2001) *Planning, Practising and Evaluating Early Intervention*. Munich: Reinhardt.

Ponte, J., Cardama, J., Arlanzón, J.L., Belda, J.C., Gonzalez, T., Vived, E. (2004) *Early Intervention Standards Guide.* Vigo: Asociación Galega de Atención Temperá / IMSERNO

Porter, L. (2002) *Educating Young Children with Special Needs*. London: Paul Chapman Publishing

Ramey, C. T., Landesman-Ramey, S. (1998) Early Intervention and Early Experience. In *American Psychologist,* Vol. 53:2.

Sameroff, A.J., Chandler, M.J. (1975) Reproductive Risk and the Continuum of Caretaking Causality. In *Review of Child Development Research*, Vol. 4, Chicago: University of Chicago Press.

Sameroff, A.J., Fiese B.H. (2000) Transactional Regulation: the Developmental Ecology of Early Intervention. In Shonkoff, J. P., Meisels, S.J., *Handbook of Early Childhood Intervention.* Cambridge: Cambridge University Press.

Shonkoff, J. P., Meisels, S.J. (2000) *Handbook of Early Childhood Intervention.* Cambridge: Cambridge University Press.

Shonkoff, J. P., Phillips, D.A. (2000) *From Neurons to Neighbourhood. The Science of Early Childhood Development*. Washington: National Academy Press.

Simeonsson, R. J. (1994) *Risk, Resilience, and Prevention. Promoting the Well-Being of All Children.* Baltimore: Brookes Publishing.

Skinner, B. F. (1968) *The Technology of Teaching.* New York: Appleton-Century-Crofts.

Trivette, C.M., Dunst C.J., Deal, A.G. (1997) Resource-Based Approach To Early Intervention. In Thurman, S.K., Cornwekk, J.R., Gottwald, S.R. *Contexts of early intervention: systems and settings*, Baltimore: Brookes Publishing.

UNESCO (1994) *The Salamanca Statement and Framework for Action on Special Needs Education*. Paris: UNESCO.

UNESCO (1997) *International Consultation on Early Childhood Education and Special Educational Needs*. Paris: UNESCO.

United Nations Organisation (1948) *Universal Declaration of Human Rights*. New York: UN.

United Nations Organisation (1959) *Declaration of the Rights of the Child,* New York: UN.

United Nations Organisation (1989) *Convention on the Rights of the Child*. New York: UN.

United Nations Organisation (1993) *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. New York: UN.

Vygostsky, L.S. (1978) *Mind in Society.* Cambridge MA: Harvard University Press.

World Health Organisation (1980) *Prevention in Childhood of Health Problems in Adult Life.* Geneva: WHO.

World Health Organisation (2001) *International Classification of Functioning, Disability and Health.* Geneva: WHO.